

Developing Data to Assess the Supply of Washington's Health Workforce:
Proposal for Consideration by the Health Care Personnel Shortage Task Force
October 12, 2004 Meeting

Overview

Goal Three of the Health Care Personnel Shortage Task Force plan calls for the development of "a data collection and analysis system to assess health workforce supply and demand." This proposal outlines the options considered and recommends next steps for collecting and analyzing the supply of health care practitioners in Washington.

Background

The Workforce Board, working with the Department of Health (DOH), contracted with Social and Economic Science Research Center (SESRC) at Washington State University to do an analysis of the main data elements that are required for workforce planning and to meet other essential purposes for the state. e.g. emergency preparedness. Advisory groups from various state agencies and professional associations provided input which suggested the logical starting point for collecting the data is with the Department of Health's licensees.

The data elements identified in the SESRC report as essential and common across a variety of state purposes, particularly for health workforce planning are:

- | | |
|--|---------------------------------------|
| 1. Specialty | 6. Work zip codes |
| 2. Age | 7. Longevity and migration |
| 3. Race/Ethnicity | 8. Facility type, such as a hospital, |
| 4. Extent of Practice | private laboratory or clinic |
| 5. Practice statistics, such as indication
of time spent in direct care | |

Following the presentation of the SESRC report at the Task Force's April 2004 meeting, staff from DOH and the Workforce Board were asked to work together to present a specific proposal for assessing the supply of health care practitioners in the state. Task Force members expressed an urgent need for data to guide workforce planning and policy recommendations.

Options Considered for Collecting Supply Data

Department of Health (DOH) and Workforce Board staff have been working together on options for collecting data on the supply of health care personnel in Washington. Three options for surveys that would be issued to health care professionals were examined. Two options include a survey in the envelope that goes out year round with licensing renewals. A third option is a separate survey sent separately on a single date.

Survey A: Renewal Survey – All

Description: Include a blank scanable survey and return envelope with every health profession license renewal notice. The survey is the same for each respondent and is returned with payment, separated and scanned. A follow-up survey would occur on a cycle.

Survey B: Renewal Survey - Selected

Description: Include a blank scanable survey and return envelope with selected health profession license renewal notices. The survey is unique to different health professions. The survey is returned with payment, separated and scanned. A follow-up survey would occur on a cycle.

Survey C: Independent Survey - All

Description: A partially completed scannable survey to all health professionals that can be folded to return without an envelope with return postage paid. Responses are sent directly to the scanning process team and a follow-up is sent to non-responders.

DOH and Workforce Board staff recommend pursuing Option C for the following reasons:

- Option C enables data to be collected at one time. This means that measurements are captured at the same point in time and provides for consistency in data analysis. This contrasts with sending out surveys with licensing renewals because these occur at various times throughout the year.
- Option C makes a wide and effective publicity campaign possible to increase survey response. This contrasts with surveys sent out with licensing renewals where publicity would have to occur continuously and would therefore be less unique, visible and effective.
- Option C simplifies the process of obtaining information. The licensing renewal process is quite complex, and many attachments are sent with renewals. Given mail insert problems with the existing process, DOH is currently working to streamline and eliminate inserts with renewals.
- Option C is more cost effective as it offers decreased printing and distribution costs as well as personnel overhead.

Analysis and Distribution of Information Collected

The Department of Health's goal for distributing the collected information is to maintain a database that captures all essential data elements (specialty, age, race/ethnicity, extent of practice, practice statistics, work zip codes, longevity and migration, and facility type) and makes the data available for public use on DOH's web site. Generating reports and analyzing the information will be the responsibility of the organizations or individuals accessing the information.

Budget Request

To make this proposal a reality it will be necessary for a state appropriation. DOH and Workforce Board staff estimate a state appropriation of \$236,000 per year in the first biennium is needed. This accounts for start-up costs. A state appropriation of \$195,000 per year (four-year estimate) is needed for the following years. Refer to the work plan (Attachment A "Level 1 IT Proposal Definition") and budget outline (Attachment B: "Development and Operations/Maintenance Costs (1-5Years)."

Next Steps

The Task Force Chair and Vice Chair, the Secretary of Health and the Executive Director of the Workforce Board could write a joint letter to the Office of Financial Management to request that this budget item is included in the Governor's budget. Alternatively, legislation could be sponsored to request that a \$1 licensing fee be added to all licensed professionals in the state to cover the cost of collecting, analyzing, and maintaining information on the supply of health care personnel in Washington.